U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8154	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Alice Dale	Name SEIU Local 49			
	Labor Organization File Number 034-038			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 2455 SW Montgomery Drive	Street 3536 SE 26th Avenue			
City Portland	City Portland			
State Oregon ZIP Code + 4 97201	State Oregon ZIP Code + 4 97202			
5. Position in labor organization. President & Chair of SEIU I	L49 Trust			
Enter appropriate data below If, during the past fiscal year, you or your s (except as specified in the e	spouse or minor child directly or indirectly had any of the following interests xclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organize	or derived income or other economic benefit of zation represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
D.O. Day, Dide, Daamakta, if any				
P.O. Box, Bldg., Room No., if any				
	7.b. Amount.			
Street	7.b. Amount.			
	7.b. Amount.			
Street	7.b. Amount.			
Street City State ZIP Code + 4	7.b. Amount.			
Street City State ZIP Code + 4 S 15. Signature and verification. The undersigned declares, under penalty	Signature y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the			
Street City State ZIP Code + 4 S 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp	Signature y of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing Alice Dale	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name. Name SEIU Local 49 Trust Trade Name, if any: c/o Earhart Company P.O. Box, Bldg., Room No., if any Street 3140 NE Broadway City Portland State Oregon ZIP Code + 4 97288	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Conference expenses, registration fees, hotel, airline faire and meals			
	12.b. Amount. \$4,940			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant ?	14.0. Amount of payment.			

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For Official Use Only			
	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
E			
1. File Number U -	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Ron Ruggiero	Name SEIU Local 49		
	Labor Organization File Number 034-038		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 5809 SE Lincoln St	Street 3536 SE 26th Avenue		
City Portland	City Portland		
State Oregon ZIP Code + 4 97215	State Oregon ZIP Code + 4 97202		
5. Position in labor organization. Staff Dir/Trustee SEIU L49	Trust		
(except as specified in the expansion of	pouse or minor child directly or indirectly had any of the following interests clusions set forth in the instructions):		
monotory raide from an employer tribese employees your organiz	or derived income or other economic benefit of ation represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	or derived income or other economic benefit of ation represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.		
, MARINE	ation represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any). Name	ation represents or is actively seeking to represent.		
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6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 S 15. Signature and verification. The undersigned declares, under penalty	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the		
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 S 15. Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accomp	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. gnature of Perjury and other applicable penalties of the law, that all of the information anying documents), has been examined by the signatory and is, to the best of the		

me of Person Filing Ron Ruggiero		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	a. Labor Organiza	ition			
P.O. Box, Bldg., Room No., if any	🗶 b. Trust				
Street	c. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ing.			
Name SEIU Local 49 Trust	<				
Trade Name, if any: c/o Earhart Company					
P.O. Box, Bldg., Room No., if any	ven vennedoven				
Street 3140 NE Broadway	11.b. Approximate dollar valu	ue of such dealing.			
City Portland	12.a. Nature of interest held	d or income received.			
State Oregon ZIP Code + 4 97288	Conference expense airline faire and	es, registration fees, hotel, meals			
		4-00-			
	12.b. Amount.	\$1,925			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name .					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				